



**Adult Program Trip**  
**Mystery Trip**  
**Thursday, June 27 OR Friday, June 28, 2013**  
**Deadline for registration is June 12**

The trip will depart from Anne Gordon Active Adult Center at Millbrook Exchange Park, 1901 Spring Forest Road, at 8:00am. You have two dates to choose from. Where are we going? What will we see and do? Come along with us on a fun filled trip to Who Knows Where. Don't ask us because we won't tell you. We'll keep you guessing. There will be several mystery locations to figure out. Please bring \$5.00 cash for one of the sites we will visit. A delicious late group lunch is included. We will stop for an on your own breakfast and rest break enroute since we're eating lunch a little later than usual. We always encourage you to wear comfortable walking shoes, clothing and to bring spending money. The group arrives back at the Anne Gordon Center at approximately 6:15pm.

**Price:** \$64.00 City of Raleigh residents      \$76.00 non-City of Raleigh residents

**Price Includes:** Transportation via charter bus, activities/tours and group lunch. Bring \$5.00 cash for one of the sites. You may want to bring money for any shopping possibilities.

**Cancellation Policy:** Cancellations must be made at least 14 days prior to trip departure date to receive a refund, and must be requested in writing. Full or partial refunds will be made only if a replacement can be found, and are subject to non-refundable expenses incurred by the Department. If the Department cancels a trip, a full refund will be given.

**Patron Expectations:** This trip has a moderate volume of walking expected including some steps. Patron must be able to keep to the scheduled timeline of the trip. Please remember there is no one-on-one assistance provided by the escorts.

**For Additional Information Contact :**

Adult Program Staff at (919) 996-4720 or (919) 996-4730



To register return back and bottom portion to:  
Raleigh Parks and Recreation Adult Program 1901 Spring Forest, Raleigh, NC 27615

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**To Register:**

Complete the form below and return with full payment to:

Adult Program  
Raleigh Parks and Recreation Department  
1901 Spring Forest Road  
Raleigh, NC 27615

**For Additional Information Contact :**

Adult Program Staff at (919)996-4720 or (919)996-4730

Keep top portion for your records

**Mystery Trip June 27 or 28, 2013**

I am going on a Raleigh Parks and Recreation Department trip to Mystery Trip on June 27 or 28 2013. I understand that participating in the recreational program(s) selected involves risk of injury. These risks include weather, accidents while traveling, equipment problems or failures, contact with and actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected program(s) despite the risks.

By signing this form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program(s). I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program. In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participating in the program(s). I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program(s). I understand that the City of Raleigh provides no insurance coverage for me. I have read this document thoroughly and understand that by signing this form I am waiving legal rights.

**Choose trip date:** \_\_\_\_\_ **Thursday, June 27** \_\_\_\_\_ **Friday, June 28**

**Signature of participant**

Signature of participant

**Date signed**

Date signed

Name of Participant \_\_\_\_\_ Roommate: \_\_\_\_\_ N/A \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Work/Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**I understand that there is no one-on-one assistance provided by Raleigh Parks and Recreation Staff**

**Initial**

Initials

Payment by Credit Card (check one): ☐ Visa ☐ MasterCard ☐ American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Amount to be Charged: \_\_\_\_\_ Signature: \_\_\_\_\_ Todays Date: \_\_\_\_\_

**NON-DISCRIMINATION POLICY:** The City of Raleigh does not discriminate on the basis of race, color, national origin, sex, religion, sexual orientation or disability in employment opportunities or the provision of services, programs or activities. A participant alleging discrimination on the basis of the aforementioned areas may file a complaint with either the Director of Raleigh Parks and Recreation Department or the Office of Equal Employment, US Dept. of the Interior, Washington, DC, 20240. The Raleigh Parks and Recreation Department will attempt to provide reasonable accommodations for program participants when the need or accommodation is requested in advance. To ensure a medically safe and appropriately planned program, please list (optional) any special needs or precautions which may require program accommodations for participation (i.e. visual or hearing impairment, mental or physical disability, heart condition, history of seizures, allergies, communicable diseases, diabetes, hemophilia, asthma, etc.):

Vegetarian or Other Food Concerns \_\_\_\_\_